DEERFIELD COMMUNITY SCHOOL DISTRICT – HEALTH INFORMATION

This information must be updated annually and signature by parent/guardian required to ensure our records are current.

Student Name:	**DOB:**	**Grade:**

	Please check all that apply and sign below. Parent/Guardian signature required for all students regardless of health status.
	Severe reaction to insect stings. Cause/Reaction:
	Food allergies. Cause/Reaction:
	Other allergies. Cause/Reaction:
	✷ Epi-pen at school: ☐ In School Health Office ☐ With Student
	Asthma (check one): ☐ Mild ☐ Moderate ☐ Severe Cause/Reaction:
	✷ Inhaler at school: ☐ In School Health Office ☐ With Student
	Heart condition (describe):
	Vision loss (not corrected by glasses):
	Hearing loss (describe):
	Emotional problems (describe):
	Diabetes (describe):
	Seizures (describe):
	Migraines/Headaches (describe):
	Physical limitations (please list):
	Student is taking medication at home that the school needs to be aware of: List Medication:

✷**Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

Additional Pertinent Medical Information:

The parent/guardian signature below:

- allows the school to share health concern information with school staff, bus drivers & coaches/advisors that may come in contact with the student.
- authorizes treatment by an EMT or licensed trainer for my child in the case of an injury or medical emergency.
- authorizes that information regarding treatment or injury may be shared between EMT or licensed trainer and the appropriate school district staff.
- authorizes that the name & location of the facility treating my child be released to the school district if such need occurs under district supervision.

Signature: **Date:**

Revised 2-1-2018